

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <b>17</b>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Ms. Antoniette R.		OFFICE USE ONLY Date Received JUL 15 AM 1:23 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX "Tony" Moorhouse		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4126 Valleyfield San Antonio, TX 78222		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Ms. Lynda		
	NICKNAME LAST SUFFIX Billa-Burke		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4414 Pecan Grove San Antonio, TX 78222		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 337-2575		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 05/20/03    06/30/03		
10 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 05/27/03		
11 OFFICE	OFFICE HELD (if any) City Council Member	12 OFFICE SOUGHT (if known)	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Antoinette "Toni" Moorhouse*

15 ACCOUNT # (Ethics Commission files)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

☐ additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

2003 JUL 15 AM 11:23

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CITY OF SAN ANTONIO  
CITY CLERK

17 NO REPORTABLE  
ACTIVITY
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 13,322<sup>23/</sup>EXPENDITURE  
TOTALS

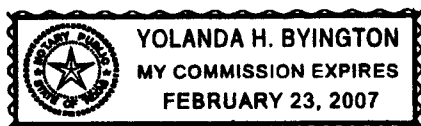
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 716<sup>82/</sup>4. TOTAL POLITICAL EXPENDITURES *Itemized*\$ 11,085<sup>39/</sup>OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1,295<sup>09</sup>

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Antoinette Moorhouse*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Antoinette 'Toni' Moorhouse, this the 15<sup>th</sup> day of July, 20 03, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

2003 JUL 15 AM 11:23

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 1 of 2	
2 FILER NAME Antionette "Toni" Moorhouse		3 ACCOUNT # (Ethics Commission filers)	
4 Date 05/21/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Associated Gen. Contr. - PAC 6 Contributor address; City; State; Zip Code 10806 Gulfdale - SAT 78216	7 Amount of contribution (\$) 250 <sup>00</sup>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 05/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pat Maloney Jr. Contributor address; City; State; Zip Code 239 E. Commerce - SAT 78205	Amount of contribution (\$) 500 <sup>00</sup>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pat Maloney Sr. Contributor address; City; State; Zip Code 239 E. Commerce - SAT 78205	Amount of contribution (\$) 500 <sup>00</sup>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/22/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sheet Metal Workers - PAC Contributor address; City; State; Zip Code 130 Avenue del Rey - SAT 78216	Amount of contribution (\$) 250 <sup>00</sup>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/16/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas Turk Contributor address; City; State; Zip Code 6335 Circle Oak - Bulverde, Tx. 78163	Amount of contribution (\$) 100 <sup>00</sup>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

5-8506

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78712-0270

(512) 463-5800

1-800-325-8506

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CITY CLERK

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

JUL 15 AM 11:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 of 7

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/22/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Cuitlahuac Garcia, MD

6 Contributor address; City; State; Zip Code

4503 Pecan Grove - SAT 78222

7 Amount of contribution (\$)

100<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

05/22/03

Full name of contributor

☐ out-of-state PAC (ID#)

Peter M. Holt

Contributor address; City; State; Zip Code

2191 Little Blanco Rd - Blanco, TX 78606

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/23/03

Full name of contributor

☐ out-of-state PAC (ID#)

S.A. Realtors - PAC

Contributor address; City; State; Zip Code

9110 IH10 W - SAT 78230

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/23/03

Full name of contributor

☐ out-of-state PAC (ID#)

DSABC - PAC

Contributor address; City; State; Zip Code

909 Broadway - SAT 78215

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/23/03

Full name of contributor

☐ out-of-state PAC (ID#)

SEIU C.O.P.E. Fund

Contributor address; City; State; Zip Code

1313 L Street NW - Washington, D.C. 20005

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

2000 JUL 15 AM 11:23

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>3 of 7</b>	
2 FILER NAME <b>Antionette "Toni" Moorhouse</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>05/23/03</b> <b>DT Recd.</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Lynda Billa-Burke</b> 6 Contributor address; City; State; Zip Code <b>4414 Pecan Grove - SAT 78222</b>	7 Amount of contribution (\$) <b>250<sup>00</sup></b>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>06/02/03</b> <b>DT Recd.</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Richard Vensas</b> Contributor address; City; State; Zip Code <b>15365 Mutiny Court - Corpus Christi, TX 78418</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <b>06/02/03</b> <b>DT Recd.</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Darrin P. Lawrence</b> Contributor address; City; State; Zip Code <b>115 Paeglow - SAT 78235</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <b>06/02/03</b> <b>DT Recd.</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Ernest Bromley</b> Contributor address; City; State; Zip Code <b>104 E. Elsmere - SAT 78212</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <b>06/02/03</b> <b>DT Recd.</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Fulbright &amp; Jaworski LLP, TX</b> Contributor address; City; State; Zip Code <b>1301 McKinney - Hous, TX 77010</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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CITY OF SAN ANTONIO  
CITY CLERK

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

2003 JUL 15 AM 11:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

4 of 7

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/10/03  
Dt. Recd.

5 Full name of contributor

☐ out-of-state PAC (ID#)

Holland & Knight LLP - PAC

6 Contributor address; City; State; Zip Code

112 E. Pecan #2700 - SAT 78205

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/10/03  
Dt. Recd.

Full name of contributor

☐ out-of-state PAC (ID#)

Louis Esquivel

Contributor address; City; State; Zip Code

S.A., Tx. 78205

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/10/03  
Dt. Recd.

Full name of contributor

☐ out-of-state PAC (ID#)

Dane or Jana Greening

Contributor address; City; State; Zip Code

403 Swan Ridge Dr. - Duncanville, Tx 75137

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/10/03

Full name of contributor

☐ out-of-state PAC (ID#)

James Bastoni

Contributor address; City; State; Zip Code

106 Okawa Run - SAT 78231

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/10/03

Full name of contributor

☐ out-of-state PAC (ID#)

Clifford E. Morton

Contributor address; City; State; Zip Code

1919 Oakwell Farms - SAT 78218

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

Total pages this Schedule A1:

5 of 7

### 2 FILER NAME

Antoinette "Toni" Moorhouse

### 3 ACCOUNT # (Ethics Commission filers)

### 4 Date

06/08/03  
DT Recd.

### 5 Full name of contributor

☐ out-of-state PAC (ID#)

LU #142 COPE Fund

### 6 Contributor address; City; State; Zip Code

3830 Belgium Lane-SAT 78219

### 7 Amount of contribution (\$)

250<sup>00</sup>

### 8 In-kind contribution description (if applicable)

### 9 Principal occupation (Optional)

### 10 Employer (Optional)

### Date

06/08/03  
DT Recd.

### Full name of contributor

☐ out-of-state PAC (ID#)

Gene Powell

### Contributor address; City; State; Zip Code

11 Lynn Batts Lane-SAT 78218

### Amount of contribution (\$)

300<sup>00</sup>

### In-kind contribution description (if applicable)

### Principal occupation (Optional)

### Employer (Optional)

### Date

06/03/03  
DT Recd.

### Full name of contributor

☐ out-of-state PAC (ID#)

Vern Asphan

### Contributor address; City; State; Zip Code

3455 E. Southcross-SAT 78223

### Amount of contribution (\$)

10<sup>00</sup>

### In-kind contribution description (if applicable)

### Principal occupation (Optional)

### Employer (Optional)

### Date

06/13/03

### Full name of contributor

☐ out-of-state PAC (ID#)

SAWS

### Contributor address; City; State; Zip Code

P.O. Box 2449-SAT 78298

### Amount of contribution (\$)

26<sup>23</sup>

### In-kind contribution description (if applicable)

### Principal occupation (Optional)

### Employer (Optional)

Refund due when utility can't be disconnected

Not a contrib, but amt. paid ref on prev.

### Date

08/10/04  
06/10/03

### Full name of contributor

☐ out-of-state PAC (ID#)

Lynda Billa-Burke

### Contributor address; City; State; Zip Code

Pecan Grove-SAT 78223

### Amount of contribution (\$)

900<sup>00</sup>

### In-kind contribution description (if applicable)

\$300<sup>00</sup> per mo lease of office space

### Principal occupation (Optional)

### Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

## **SCHEDULE A1**

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

2003 JUL 15 AM 11:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

6 of 7

2 FILER NAME

Antioniette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/24/03

5 Full name of contributor

☐ out-of-state PAC (ID#:

Gr. S.A. Bldrs. Assn.

6 Contributor address; City; State; Zip Code

S. A., Tx.

7 Amount of contribution (\$)

\$1,500

8 In-kind contribution description (if applicable)

Mgmt. Fee for Politico

9 Principal occupation (Optional)

10 Employer (Optional)

Date

05/27/03

Full name of contributor

☐ out-of-state PAC (ID#:

Jimmy Jimenez

Contributor address; City; State; Zip Code

San Antonio, Tx.

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Tacos (Brk Fast) E-Day

Principal occupation (Optional)

Employer (Optional)

Date

06/03

Full name of contributor

☐ out-of-state PAC (ID#:

Buddy Ford

Contributor address; City; State; Zip Code

San Antonio, Tx.

Amount of contribution (\$)

\$743

In-kind contribution description (if applicable)

Passenger Van - people to the polls

Principal occupation (Optional)

Employer (Optional)

Date

06/03

Full name of contributor

☐ out-of-state PAC (ID#:

Buddy Ford

Contributor address; City; State; Zip Code

San Antonio, Tx.

Amount of contribution (\$)

\$743

In-kind contribution description (if applicable)

Passenger Van - people to the polls

Principal occupation (Optional)

Employer (Optional)

Date

05/03

Full name of contributor

☐ out-of-state PAC (ID#:

Y. Mouton

Contributor address; City; State; Zip Code

SBC - San Antonio, Tx.

Amount of contribution (\$)

\$300

In-kind contribution description (if applicable)

2 Hts for Spurs Playoff Games

Principal occupation (Optional)

Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



5-8506

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CITY CLERK

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

2003 JUL 15 AM 11:23

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <div style="font-size: 2em; text-align: center;">7 of 7</div>	
2 FILER NAME <div style="font-size: 1.2em;">Antoinette "Toni" Moorhouse</div>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <div style="font-size: 1.2em;">05/09/</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em;">Leo Gomez</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em;">\$150.00</div>	8 In-kind contribution description (if applicable) <div style="font-size: 1.2em;">spurs tickets</div>
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">S. A., Tx.</div>			
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES

## SCHEDULE F

2003 JUL 15 AM 11:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 8

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/29/03

5 Payee name

Politico/K. Lopez

6 Payee address; City; State; Zip Code

San Antonio, Tx.

7 Amount (\$)

\$ 2835.56

8 Purpose of payment (See instructions regarding type of information required.)

Signs, PR, Staff, Bkwlkrs

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

5/21/03

Payee name

C.P.S.

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

236.24

Purpose of payment (See instructions regarding type of information required.)

Utilities

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

5/22/03

Payee name

Crumrine

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

633.34

Purpose of payment (See instructions regarding type of information required.)

Mailer

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

5/22/03

Payee name

Kevin Lopez/Politico

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

700.00

Purpose of payment (See instructions regarding type of information required.)

Bkwlkrs

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

CITY OF SAN ANTONIO  
CITY CLERK

**SCHEDULE F**

2003 JUL 15 AM 11:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
2 of 8

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/23/03

5 Payee name

PolitiCo/Kevin Lopez

6 Payee address; City; State; Zip Code

S.A., Tx.

7 Amount (\$)

810.96

8 Purpose of payment (See instructions regarding type of information required.)

Printed mtl./Data

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

05/27/03

Payee name

Snoga's

Payee address; City; State; Zip Code

Goliad Rd. - SAT 78223

Amount (\$)

53.89

Purpose of payment (See instructions regarding type of information required.)

Sandwich Plates

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

05/31/03

Payee name

Space Savers

Payee address; City; State; Zip Code

Goliad Rd. - SAT 78223

Amount (\$)

128.00

Purpose of payment (See instructions regarding type of information required.)

Storage

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

05/31/03

Payee name

Alamo Moving

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

262.50

Purpose of payment (See instructions regarding type of information required.)

Mov. Furn. Pr. Dist. Off.

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

2003 JUL 15 AM 11:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 8

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/28/03

5 Payee name

Laura Cabanilla-Cruz

6 Payee address; City; State; Zip Code

S.A., Tx.

7 Amount (\$)

\$ 350.00

8 Purpose of payment (See instructions regarding type of information required.)

Phone/Bik Party Exp.

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

5/27/03

Payee name

Time Warner

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

297.47

Purpose of payment (See instructions regarding type of information required.)

Cable/Rd Runner

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

5/27/03

Payee name

Christine Cruz

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

250.00

Purpose of payment (See instructions regarding type of information required.)

Camp. Wker.

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

06/03/03

Payee name

S.A.W.S.

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

164.66

Purpose of payment (See instructions regarding type of information required.)

Utility Pmt.

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES**

2003 JUL 15 AM 11:23

**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

4 of 8

2 FILER NAME

Antonie He "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/03/03

5 Payee name

Waste Mgmt.

6 Payee address; City; State; Zip Code

S.A., Tx.

7 Amount (\$)

145.55

8 Purpose of payment (See instructions regarding type of information required.)

Dumpster

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

05/21/03

Payee name

Southside Reporter

Payee address; City; State; Zip Code

Hackberry St. - SAT

Amount (\$)

761.15

Purpose of payment (See instructions regarding type of information required.)

Advertising

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

06/03/03

Payee name

Tim Salas

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

150.00

Purpose of payment (See instructions regarding type of information required.)

Camp. Wk.

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

06/08/03

Payee name

Tim Salas

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

75.00

Purpose of payment (See instructions regarding type of information required.)

Camp. Wk

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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## POLITICAL EXPENDITURES

## SCHEDULE F

2003 JUL 15 AM 11:23

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
5 of 8

2 FILER NAME

Antonio He "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/28/03

5 Payee name

Verizon

6 Payee address; City; State; Zip Code

S. A., Tx.

7 Amount (\$)

121.47

8 Purpose of payment (See instructions regarding type of information required.)

Phone Svc.

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

6/28/03

Payee name

S. A. Post

Payee address; City; State; Zip Code

S. A., Tx.

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

Thank-You - Ad

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

6/19/03

Payee name

Judy Peterson / Prin. Impact

Payee address; City; State; Zip Code

S. A., Tx.

Amount (\$)

1,000.00

Purpose of payment (See instructions regarding type of information required.)

Camp. Work

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

6/30/03

Payee name

Space Savers

Payee address; City; State; Zip Code

S. A., Tx.

Amount (\$)

160.00

Purpose of payment (See instructions regarding type of information required.)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES** 2003 JUL 15 AM 11:23

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
6 of 8

2 FILER NAME

Antoinette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/21/03

5 Payee name

Office Max

6 Payee address; City; State; Zip Code

Basse Rd. - SAT

7 Amount (\$)

\$ 90.91

8 Purpose of payment (See instructions regarding type of information required.)

Copy Paper/Toner/Markers

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

5/24/03

Payee name

H.E.B.

Payee address; City; State; Zip Code

Goliad Rd - SAT 78223

Amount (\$)

88.87

Purpose of payment (See instructions regarding type of information required.)

Sodas (Assorted)/Water

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

5/27/03

Payee name

H.E.B.

Payee address; City; State; Zip Code

Goliad Rd. - SAT 78223

Amount (\$)

51.20

Purpose of payment (See instructions regarding type of information required.)

Food Trays (Veggie/Fruit)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

5/27/03

Payee name

Bill Miller's

Payee address; City; State; Zip Code

Goliad & Clark - SAT 78223

Amount (\$)

97.09

Purpose of payment (See instructions regarding type of information required.)

Plates for E-Day Whers

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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2003 JUL 15 AM 11:23

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

7 of 8

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/30/03

5 Payee name

Cindy Hernandez

6 Payee address; City; State; Zip Code

S.A., Tx.

7 Amount (\$)

375.00

8 Purpose of payment (See instructions regarding type of information required.)

Camp. Work

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

6/30/03

Payee name

Judy Peterson

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

545.00

Purpose of payment (See instructions regarding type of information required.)

Camp. Work

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

5/29/03

Payee name

Laura Cabanilla Cruz

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

79.64

Purpose of payment (See instructions regarding type of information required.)

Reim. for Off Supp.  
(Labels/Printer Cartridges, etc)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

5/27/03

Payee name

Mc Coys

Payee address; City; State; Zip Code

S.A., Tx.

Amount (\$)

128.72

Purpose of payment (See instructions regarding type of information required.)

Stakes for Signs

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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CITY OF SAN ANTONIO  
CITY CLERK  
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**POLITICAL EXPENDITURES**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8 of 8

2 FILER NAME

Antionette "Toni" Moorhouse

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/03/03

5 Payee name

Advantage

6 Payee address; City; State; Zip Code

S.A., Tx.

7 Amount (\$)

293.25

8 Purpose of payment (See instructions regarding type of information required.)

Veh. Rental

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

06/07/03

Payee name

U.S.P.O. - Highland Hills Stn.

Payee address; City; State; Zip Code

Clark St - S.A., Tx. 78223

Amount (\$)

99.99

Purpose of payment (See instructions regarding type of information required.)

Mail out

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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CITY OF SAN ANTONIO  
CITY CLERK  
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